

MEDI-CAL DRG SOLVENTUM GROUPEL SETTINGS FOR CA STATE FISCAL YEAR 2024-25 *(4/1/2025)*

This document provides the setup parameters for the Solventum™ (formally known as 3M Health Information System (3M™)) All Patient Refined Diagnosis Related Group (APR-DRG) Core Grouping Software (CGS) desktop grouper for CA State Fiscal Year (SFY) 2024-25 claims with admission dates beginning 7/1/24 through 6/30/25. The required settings shown in this document correspond to the settings used within the California Medicaid Management Information System (CAMMIS) mainframe grouper, which pays Medi-Cal DRG claims.

Some important points to consider:

- » Medi-Cal policy for each SFY is applied based upon the admission date of the claim. The grouper settings must be set to **Keyed by:** Admit date.
- » These settings will vary based on the claims' admission and discharge dates. See Table 1 and Figures 1 for full details of settings to enter.

Interpretation of Undetermined Present of Admission (POA) Indicators

The POA indicators of W and U will be treated as N by the system.

Hospital Acquired Conditions (HAC) Version

For admissions from 7/1/24 through 9/30/24, with a discharge date before 10/1/2024, using "HAC version 41.1 for California Medicaid (04/01/2024)" per Table 1: Scenario A and Figure 1. For admissions from 7/1/24 through 3/31/25, with a discharge date on or after 10/1/2024, using HAC version 42.0 for California Medicaid (10/01/2024)" per Table 1: Scenario B and Figure 2. For admissions from 7/1/24 through 6/30/25, with a discharge date on or after 4/1/2025, using HAC version 42.1 for California Medicaid (04/01/2025)" per Table 1: Scenario C and Figure 3.

Birth Weight and Gestational Age Option

For all newborn claims with a birth weight below normal, the birth weight and gestational age must be entered as a diagnosis code or the system will process the claim with a default of normal birthweight.

Entered Code Mapping

For admissions from 7/1/24 through 9/30/24, with a discharge date before 10/1/2024, entered code mapping should be set to "ICD-10-CM/PCS version 41.1 effective 4/1/2024". For admissions from 7/1/24 through 3/31/25, with a discharge date on or after 10/1/2024, under "Entered code mapping" set to "ICD-10-CM/PCS Version 42.0 effective 10/01/2024." For admissions from 7/1/24 through 6/30/25, with a discharge date on or after 4/1/2025, under "Entered code mapping" set to "ICD-10-CM/PCS Version 42.1 effective 4/01/2025."

Mapping Type

All admissions from 7/1/24 through 6/30/25 require historical mapping.

Table 1: SFY 2024-25 Medi-Cal DRG Claims Grouper Setting Scenarios

Scenario	Admit Date	Discharge Date	Grouper Version	Mapping	Mapper Version	HAC Version
A	7/1/24 to 9/30/24	Before 10/1/24	41.0	Historical	41.1	41.1 for California Medicaid
B	7/1/24 to 3/31/25	On or After 10/1/24	41.0	Historical	42.0	42.0 for California Medicaid
C	7/1/24 to 6/30/25	On or After 4/1/25	41.0	Historical	42.1	42.1 for California Medicaid


Note: For new or modified diagnose and procedure codes to be included in the DRG assignment, the appropriate APR-DRG Mapper must be implemented.

For grouper settings for other years of DRG payment, see the Pricing Resources webpages for each state fiscal year on the DHCS [Diagnosis Related Group Hospital Inpatient Payment Methodology](#) webpage.

Scenario A:

Admission date from 7/1/24 through 9/30/24, with discharge date before 10/1/24

Figure 1: ICD10 admit 7/1/24-9/30/24, discharge before 10/1/24

 Schedule - Open

User key1:	SFY24-25A_ICD10	User key2:	
Begin date:	07/01/2024	End date:	09/30/2024
Description:	ICD10 Admit 7/1/24-9/30/24, Discharge before 10/1/2024		
Modified date:	07/03/2024		

Reimbursement scheme: None ▾

Automatically Determine Reimbursement Settings

Automatically Determine Grouper Settings

Keyed by: Admit date ▾

Grouper version: APR DRG Grouper Version 41.0 (10/01/2023) ▾

Interpretation of Undetermined POA Indicators: 0 - W treated as N, U treated as N ▾

PPC version: None ▾

HAC version: HAC Version 41.1 for California Medicaid (04/01/2024) ▾

Payer Logic Indicator: None (Standard 3M APR DRG) ▾

Birth weight option: Coded weight with default ▾

Discharge DRG option: Compute excluding only non-POA Complication of Care codes ▾

Entered code mapping: ICD-10-CM/PCS Version 41.1 effective 04/01/2024 ▾

Mapping type: Historical ▾

Mapping based on: Discharge date ▾

Scenario B:

Admission date from 7/1/2024 through 3/31/2025, with discharge date on or after 10/1/24

Figure 2: ICD10 Admit 7/1/24-3/31/25, discharge on or after 10/1/2024.

Schedule - Open

User key1:	SFY24-25B_ICD10	User key2:	
Begin date:	07/01/2024	End date:	03/31/2025
Description:	ICD10 Admit 7/1/24-3/31/25, Discharge on or after 10/1/24		
Modified date:	03/27/2025		

Reimbursement scheme: None

Automatically Determine Reimbursement Settings

Automatically Determine Grouper Settings

Keyed by: Admit date

Grouper version: APR DRG Grouper Version 41.0 (10/01/2023)

Interpretation of Undetermined POA Indicators: 0 - W treated as N, U treated as N

PPC version: None

HAC version: HAC Version 42.0 for Medicare (10/01/2024)

Payer Logic Indicator: None (Standard Solventum APR DRG)

Birth weight option: Coded weight with default

Discharge DRG option: Compute excluding only non-POA Complication of Care codes

Entered code mapping: ICD-10-CM/PCS Version 42.0 effective 10/01/2024

Mapping type: Historical

Mapping based on: Discharge date

Scenario C:

Admission date from 7/1/2024 through 6/30/2025, with discharge date on or after 4/1/2025

Figure 3: ICD10 Admit 7/1/24-6/30/25, discharge on or after 4/1/2025.

Schedule - Open

User key1:	SFY24-25C_ICD10	User key2:	
Begin date:	07/01/2024	End date:	06/30/2025
Description:	ICD10 Admit 7/1/24-6/30/25, Discharge on or after 4/1/25		
Modified date:	03/27/2025		

Reimbursement scheme: None ▾

Automatically Determine Reimbursement Settings

Automatically Determine Grouper Settings

Keyed by: Admit date ▾

Grouper version: APR DRG Grouper Version 41.0 (10/01/2023) ▾

Interpretation of Undetermined POA Indicators: 0 - W treated as N, U treated as N ▾

PPC version: None ▾

HAC version: HAC Version 42.1 for California Medicaid (04/01/2025) ▾

Payer Logic Indicator: None (Standard Solventum APR DRG) ▾

Birth weight option: Coded weight with default ▾

Discharge DRG option: Compute excluding only non-POA Complication of Care codes ▾

Entered code mapping: ICD-10-CM/PCS Version 42.1 effective 04/01/2025 ▾

Mapping type: Historical ▾

Mapping based on: Discharge date ▾

Using CSV Files to Import Grouper Settings

A comma separated value (CSV) file containing the grouper settings for this year of DRG is available for download on the [Diagnosis Related Group Hospital Inpatient Payment Methodology](#) webpage in the Pricing Resources section under the applicable SFY. You can use this file to import the grouper settings into the 3M™ CGS Schedule Setup Module instead of manual entry. Instructions for importing the CSV file are posted in the DRG Pricing Resources under each SFY.